| fon or Docket Number  |   |                                 |                   |                |             |                  |           |       |                        |           |           | per                    |
|---|---|---------------------------------|-------------------|----------------|-------------|------------------|-----------|-------|------------------------|-----------|-----------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  97700428  |   |                                 |                   |                |             |                  |           |       |                        |           |           | 8                      |
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THA  (Column 1) (Column 2) TYPE OR SMALL ENTITY                                     |   |                                 |                   |                |             |                  |           |       |                        |           |           |                        |
| TC  | TAL CLAIMS                                      |                                 | <b>第二次</b>        |                |             | 2 3              | R         | ATE . | FEE                    |           | RATE      | FEE                    |
| FO  | R   |                                 | NUMBER FILEO NUMB |                |             | ER EXTRA         | BASIC FEE |       |                        | OR        | BASIC FEE | 800                    |
| το  | TAL CHARGEA                                     | BLE CLAIMS                      | /5 minus 20» ·    |                |             |                  | ×         | \$ 9= |                        | OR        | X\$18=    |                        |
| INO   | EPENDENT CL                                     | AIMS                            | 5 minus 3 = ;     |                |             | $\alpha$         | 40=       |       | OR                     | X80≈      | 160       |                        |
| MIU   | LTIPLE DEPEN                                    | DENT CLAIM PI                   | RESENT            |                |             | +135=            |           |       |                        | OR        | +270=     | 740                    |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |   |                                 |                   |                |             |                  |           | TAL   | <b></b> -              | OR        | TOTAL     | 020                    |
| CLAIMS AS AMENDED - PART (I   |   |                                 |                   |                |             |                  |           |       |                        | <b>.</b>  | OTHER     |                        |
|   | (Column 1) (Column 2) (Column 3)                |                                 |                   |                |             |                  |           | IALL  | ENTITY                 | OR<br>I I | SMALL     |                        |
| AMENDMENTA  | B   | REMAINING<br>AFTER<br>AMENDMENT |                   | NUME<br>PREVIO | IER<br>USLY | PRESENT<br>EXTRA | R         | ATE   | ADDI-<br>TIONAL<br>FEE |           | RATE      | ADDI-<br>TIONAL<br>FEE |
| MON   | Total   | . 15                            | Minus             | (              | 20)         |                  | X         | 9=    |                        | OR        | X\$18=    |                        |
| ME  | Independent                                     | 5                               | Minus             | :: Ĕ           |             |                  | X         | 40=   |                        | ОЯ        | X80=      |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                 |                   |                |             |                  | 1,        | 35=   |                        | OR        | +270=     |                        |
| 12109   |   |                                 |                   |                |             |                  |           | TOTAL |                        | OB.       | TOTAL     |                        |
| ADDIT, FEE ADDIT, FEE (Column 1) (Column 2) (Column 3)  |   |                                 |                   |                |             |                  |           |       |                        |           |           |                        |
|   |   | CLAMS                           | 10011124          | HIGH           | EST         |                  |           |       | ADDI-                  | 1         | · ·       | ADDI-                  |
| NT B  | : .   | REMAINING<br>AFTER<br>AMENOMENT | 2                 | PREVIO         | USLY        | PRESENT<br>EXTRA | R         | ATE   | TIONAL<br>FEE          |           | RATE      | TIONAL<br>FEE          |
| AMENOMENT   | Total   | . 15                            | Minus             |                | 20          | . —              | ×         | \$ 9= |                        | OR        | X\$18=    |                        |
| A E   | Independeni                                     | . 5                             | Minus             |                | 5           |                  | ×         | 40=   |                        | ОЯ        | X80=      |                        |
| ᄕ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM. |                                 |                   |                |             |                  |           | 35=   |                        | ОЯ        | +270=     |                        |
|   |   |                                 |                   |                |             |                  |           | TOTAL |                        | OR        | TOTAL     |                        |
|   |   | (Column 1)                      |                   | (Colui         | mn 2)       | (Column 3)       | ~~        | ,     |                        | _         |           |                        |
| 6   | Signature (Control                              | CLAIMS<br>REMAINING             | - 20              | HIGH           | EST         |                  |           |       | ADDI-                  | 1         |           | ADDI-                  |
| 41 -  | right :   | AFTER<br>AMENOMENT              |                   | PREVI          | DUSLY       | PRESENT          | A         | ATE   | TIONAL<br>FEE          |           | RATE      | TIONAL<br>FEE          |
| AMENDMENT   | Total   |                                 | Minus             | ••             |             | æ                | ×         | \$ 9= |                        | OR        | X\$18=    |                        |
| ME  | Independent                                     |                                 | Minus             | •••            |             | ,                | ,         | 40=   |                        | OR        | V00-      |                        |
| F   | PINST PRESENTATION OF MOLTIFLE DEPENDENT CEARIN |                                 |                   |                |             |                  |           |       | <b>†</b> —             | 1         |           |                        |
| ' If the entry in column 1 is less than the entry in column 2, write '0' in column 3.   |   |                                 |                   |                |             |                  |           |       |                        |           |           |                        |
| "If the "Gobert Alumber Previously Paid For" IN THIS SPACE is tess than 3, enter "3."   |   |                                 |                   |                |             |                  |           |       |                        |           |           |                        |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                 |                   |                |             |                  |           |       |                        |           |           | •                      |

FORM PTO-075 (Rev 8/00)